

UNITED STATES DEPARTMENT OF JUSTICE  
OFFICE OF THE UNITED STATES TRUSTEE

In re: San Diego Hospice and Palliative  
Care Corporation

Fed. I.D. No. 46-7053533

Debtor

CHAPTER 11 POST CONFIRMATION REPORT

CASE NO. 13-01179-M11

DATE PLAN CONFIRMED: September 23, 2013

EFFECTIVE DATE OF PLAN: October 8, 2013

X QUARTERLY        FINAL

CALENDAR QUARTER ENDING:

June 30, 2019

A. PLEASE ANSWER THE FOLLOWING:

1. Will you be able to comply with the terms of your plan?

Yes.

2. If no, describe any factors which impair your ability to comply with the terms of the plan:

3. Please describe any factors which may materially affect your ability to obtain a final decree.

None known.

4. If plan payments have not yet begun, please indicate the date the first plan payment is due.

The following is a schedule of the Reorganized Estate's disbursements during the 2nd quarter of 2019.

**B. SUMMARY OF AMOUNTS DISBURSED UNDER THE PLAN:**

	Total Payments Projected Under Plan	Current Quarter	Paid to Date	Minimum Amount Required to be Paid Under Plan	Amount Delinquent
<b>I. DISBURSEMENTS</b>					
1. Expenses:					
U.S. Trustee fees	\$ -	\$ 975.00	\$ 100,100.00	\$ -	\$ -
Professional fees	-	10,961.26	5,242,733.52	-	-
Consultant fees	-	21,360.00	536,236.66	-	-
Bank service fees	-	-	304.15	-	-
Administrative expenses	-	7,939.06	566,018.41	-	-
Gift protocol distribution*	-	-	1,088,487.38	-	-
2. Distributions:	-	-	-	-	-
Secured creditors	-	-	-	-	-
Priority creditors	-	45,843.37	3,824,867.53	-	-
General unsecured creditors	-	-	10,037,984.28	-	-
Administrative claims	-	-	113,511.98	-	-
<b>TOTAL PLAN DISBURSEMENTS</b>	<b>\$ -</b>	<b>\$ 87,078.69</b>	<b>\$ 21,510,243.91</b>	<b>\$ -</b>	<b>\$ -</b>

**C. PERCENT DIVIDEND TO BE PAID TO UNSECURED CREDITORS UNDER PLAN:**

N/A

**\*NOTE**

Per a gift protocol between the SDH Liquidating Trust and the San Diego Hospice Foundation, all donations received after March 25, 2018 are allotted and to be forwarded to the San Diego Hospice Foundation.

The gift protocol distribution represents 100% of the gift amount, which was allotted to the San Diego Hospice Foundation per the gift protocol.

**Notes:**

\*\* Does not include transfers from other company accounts/inter account transfers.

**D. UNITED STATES TRUSTEE QUARTERLY FEES**  
**(TOTAL PAYMENTS)**

Quarterly Period Ending	Total Disbursements	Quarterly Fees	Date Paid	Amount Paid	Quarterly Fees Still Owing
09/30/13	\$2,758,794.12	\$9,750.00	11/18/13	\$9,750.00	\$0.00
12/31/13	\$992,325.83	\$4,875.00	1/21/14	\$4,875.00	\$0.00
03/31/14	\$1,169,083.73	\$6,500.00	4/16/14	\$6,500.00	\$0.00
06/30/14	\$254,465.32	\$1,950.00	7/18/14	\$1,950.00	\$0.00
09/30/14	\$4,143,913.16	\$10,400.00	10/21/14	\$10,400.00	\$0.00
12/31/14	\$487,359.37	\$4,875.00	2/2/15	\$4,875.00	\$0.00
3/31/15	\$428,051.85	\$4,875.00	4/22/15	\$4,875.00	\$0.00
6/30/15	\$268,468.49	\$1,950.00	7/14/15	\$1,950.00	\$0.00
9/30/15	\$350,264.69	\$4,875.00	10/19/15	\$4,875.00	\$0.00
12/31/15	\$1,906,500.48	\$6,500.00	2/1/16	\$6,500.00	\$0.00
3/31/16	\$339,865.38	\$4,875.00	4/19/16	\$4,875.00	\$0.00
6/30/16	\$106,924.60	\$975.00	7/20/16	\$975.00	\$0.00
9/30/16	\$573,424.09	\$4,875.00	10/18/16	\$4,875.00	\$0.00
12/31/16	\$209,179.13	\$1,625.00	1/17/17	\$1,625.00	\$0.00
3/31/17	\$8,168,178.24	\$13,000.00	4/17/17	\$13,000.00	\$0.00
6/30/17	\$565,334.46	\$4,875.00	7/14/17	\$4,875.00	\$0.00
9/30/17	\$321,447.55	\$4,875.00	10/16/17	\$4,875.00	\$0.00
12/31/17	\$277,298.01	\$1,950.00	1/19/18	\$1,950.00	\$0.00
3/31/18	\$121,161.08	\$975.00	4/23/18	\$975.00	\$0.00
6/30/18	\$167,997.59	\$1,625.00	7/17/18	\$1,625.00	\$0.00
9/30/18	\$289,214.88	\$1,950.00	10/15/18	\$1,950.00	\$0.00
12/31/18	\$148,146.34	\$975.00	1/30/19	\$975.00	\$0.00
3/31/19	\$134,560.95	\$975.00	4/17/19	\$975.00	\$0.00
6/30/19	\$87,078.69	\$975.00			

All disbursements made by the reorganized debtor, whether under the plan or otherwise, must be accounted for and reported herein for the purpose of calculating the quarterly fees.

E. CONSUMMATION OF PLAN:

If this is a final report, has an application for Final Decree been submitted?


X Yes - Date application was submitted? June 21, 2019

\_\_\_\_\_ No - Date when application will be submitted? \_\_\_\_\_

Estimated Date of Final Payment Under Plan: 12/31/19

I, Richard M. Kipperman, declare under penalty of perjury that I have fully read and understood the foregoing Chapter 11 Post Confirmation Report and that the information contained herein is true and complete to the best of my knowledge.

Date: 8 July 19

  
Richard M Kipperman  
Liquidating Trustee